SENDER: COMPLETE THIS SECTION			D 4	- (4
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiec or on the front if space permits. 1. Article Addressed to: Leslie Harris c/o Montgomery Job Corp. 1145 Airbase Boulevard Montgomery, AL 36108	A. Signature X B. Received by M D. Is delivery addres If YES, enter deli	rinted Name) C. C. Statisfier and from item 17 ivery address below:	☐ Agent ☐ Addressee Date of Delivery	of 1
	3. Service Type Certified Mail Registered Insured Mail	Express Mail Return Receipt for C.O.D.	or Merchandise	
2. Article Number	7005 G705 G705		Yes	
(Transfer from service label)	7005 0390 0000 5	265 0356	•	
PS Form 3811, February 2004	Domestic Return Receipt			

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